ART 34 anexcled Chins MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/587174 FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER AFTER AS FILED I"AMENDMENT 2 MAMENDMENT 1" AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 52 3 53 4 54 55 6 <u>56</u> 7 57 8 58 9 59 10 60 11 61 12 62 13 63 14 64 15 65 16 66 67

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